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## BIB DATA SHEET

CONFIRMATION NO. 5215

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/617,038	07/11/2003 RULE	514	1645	SS15AUSA		
<b>APPLICANTS</b> Peter Andersen, Bronshoj, DENMARK; Ida Rosenkrands, Vaerloose, DENMARK; Anette Stryhn, Virum, DENMARK;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/401,725 08/07/2002						
<b>** FOREIGN APPLICATIONS *****</b> DENMARK PA 2002 01098 07/13/2002						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/16/2003						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /RCD P. SWARTZ/ Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> HOWSON & HOWSON LLP 501 OFFICE CENTER DRIVE SUITE 210 FORT WASHINGTON, PA 19034 UNITED STATES						
<b>TITLE</b> Therapeutic TB vaccine						
<b>FILING FEE RECEIVED</b> 1346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		